



# GROUP HEALTH CENTRE

240 McNabb Street  
Sault Ste. Marie, ON, Canada P6B 1Y5

## HUMAN RESOURCES

### APPLICATION FOR EMPLOYMENT

Position for which you are applying	Date available to begin work
	Type of Work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student

#### PERSONAL DATA

Last Name		Given Name(s)	
Present Address: No. and Street			
Apt.	City	Province	Postal Code
Are you legally eligible to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone No.	
E-mail:		Home:	
		Work:	

To determine your qualifications for employment, please fill out the following sections relating to your academic achievements and employment experience, as well as, any other skills. Additional information may be submitted with this application.

#### EDUCATION

SECONDARY SCHOOL <input type="checkbox"/>	BUSINESS, TRADE or TECHNICAL SCHOOL <input type="checkbox"/>
Highest Grade or Level Completed	Name of Course                      Length of Course
Type of Certificate or Diploma received	Licence, certificate or diploma awarded <input type="checkbox"/> Yes <input type="checkbox"/> No
COMMUNITY COLLEGE <input type="checkbox"/>	UNIVERSITY <input type="checkbox"/>
Name of Program                      Length of Program	Name of Program                      Length of Program                      Degree Awarded <input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Major Area of Concentration

#### WORK RELATED SKILLS

Describe any of your work related skills, experience or training that relate to the position for which you are applying.
Other courses, workshops, seminars or areas of study and results.

## EMPLOYMENT RECORD

Name and Address of present / last employer	Job Title	
	Period of employment From _____ To _____	Salary Start _____ Finish _____
	Name of Supervisor	Telephone
Type of Business	Reason for leaving	
Duties / Responsibilities		

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Type of Business	Reason for leaving	
Duties / Responsibilities		

For employment references may we approach: Your present / last employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Your previous employer(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	List additional references:
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**I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Your signature will be requested if you are invited to an interview. THIS APPLICATION WILL BE RETAINED FOR 1 YEAR.*

### FOR OFFICE USE ONLY

Interviewed 1. _____ by 2. _____ 3. _____	Date 1. _____ 2. _____ 3. _____	Please complete for nursing, technical or specialty positions: Registration No. _____ Proof of current registration submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Test Date: _____	Test Results: _____	
Comments _____	Approved for employment by _____ Date of hire _____	Date _____